

THEALE GREEN SCHOOL

16-19 Bursary Fund 2024/25

Application Form

Section 1: Young Person Details

Unique Reference Number	<input type="text"/>	Tutor	<input type="text"/>
Surname	<input type="text"/>	Forename	<input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Postcode	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Other <input type="checkbox"/>	
		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Age on 1st September 2024	<input type="text"/>
		Home Telephone Number	<input type="text"/>
		Mobile Telephone Number (if applicable)	<input type="text"/>

Do any of these apply to you? (tick all those that apply)

I am living independently

I do not live with my parent(s)

I am a parent

I or my sibling(s) in receipt of Free School Meals

I am receiving Disability Living Allowance

I receive another Financial Benefit (please state below)

I am a looked after young person

I have been a looked after young person

I am living in hostel accommodation

I consider myself disabled

I receive Income Support in my name

I am receiving Employment Support Allowance

Section 2: Residency Status (tick all those apply)

British Citizen <input type="checkbox"/>	EU/EEA Citizen <input type="checkbox"/>	Asylum Seeker <input type="checkbox"/>	Refugee/Indefinite Leave to Remain <input type="checkbox"/>
Humanitarian Protection <input type="checkbox"/>	Discretionary Leave to Remain <input type="checkbox"/>	National Asylum Support System (NASS) <input type="checkbox"/>	

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (A level / BTEC)	<input type="text"/>
Subjects	1 <input type="text"/>	2 <input type="text"/>	
	3 <input type="text"/>	4 <input type="text"/>	
	5 <input type="text"/>	6 <input type="text"/>	

Section 4: Parent/Guardian/Carer(s) Details (to be completed by parent/guardian/carers)

Adult 1 Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Full Name <input style="width: 90%;" type="text"/> Home address (if different from young person) <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> Postcode <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> Home Telephone Number <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> Mobile Telephone Number (if applicable) <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> Relationship to young person <input style="width: 80%;" type="text"/>	Adult 2 Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Full Name <input style="width: 90%;" type="text"/> Home address (if different from young person) <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> Postcode <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> Home Telephone Number <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> Mobile Telephone Number (if applicable) <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> Relationship to young person <input style="width: 80%;" type="text"/>
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Section 5: Income Information (to be completed by parent/guardian/carers)

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided)	Adult 1	Adult 2
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Universal credit	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the Tax Year 2024-2025			£ <input style="width: 150px;" type="text"/>		

Section 6: Bursary being applied for

Guaranteed	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	Exceptional*	<input type="checkbox"/>	*please enclose a covering note outlining your needs
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Section 7: Parent/Guardian/Carer(s)/Young Person Declaration

I confirm that the information given on this application form is true and correct

Adult 1 Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>
Adult 2 Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>
Young Person Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>

Section 8: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	<input style="width: 15px;" type="text"/>	Checked by	<input style="width: 95%;" type="text"/>
Application Complete?	<input type="checkbox"/>	<input type="checkbox"/>	Evidence Submitted?	<input type="checkbox"/>	<input type="checkbox"/>	More information needed?	<input type="checkbox"/>	<input type="checkbox"/>	

Declaration Slip

I can confirm that the evidence we have provided on the bursary application is correct to the best of our knowledge and belief. Please be aware that giving false or incomplete information that leads to incorrect/overpayment may result in future payments being stopped and any incorrectly paid funds being recovered. There is also the possibility that fraudulent applications could result in a referral to the police with the possibility of prosecution.

Student Name:

Name of Parent / Carer:

Parent / Carer Signature:

Date:.....